O

PLACE OF BIRTH	ARIZ	CONA STATE BO	ARD OF HEALTH	
District of	BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH Amplioury Amplicant		State Index No. 10 2 County Registrar No. 15 Local Registrar No. 15	
2. Full name of child Billie 3. Sex of Child To be appeared ONLY	No. Elyctical (If birth occu	rred in a hospital or instituti Grantham	ion, give its NAME instead of street and number) { If child is not yet named, make supplemental report, as directed.	
female in event of plural births. S. FATHER	5. No., in order of birth		7. Date of birth Month Day Year MOTHER	
9. Residence (Usual place of abodd) Miami, anjora If non-resident, give place and state.		15 Residence (Uauni place of abode) Mann. Ariyon If non-resident, give place and state.		
10. Color or race	irthday2_5 (Years)	16 Color or race White	17. Age at last birthday 2 3 (Years)	
12. Birthplace (city or place) Genville (State or country) 7-44		18. Birthplace (city or place) (State or country)		
The state of the s	ndustry Capper mine		19. Occupation Housewife	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 21. Were precautions taken against ophthalmia neonatorum? (b) Born alive but now dead 0 (c) Stillborn 0				
I hereby certify that I attended the birth of this child, who was (Born alive or stillborn.)				
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	Address Div	ami, an	(Physician or midwi(e).	
Given name added from a supplemental report. Month, day, year	Filed Filed	15 1,57	Local Registrar.	
Registrar County Registrar.				

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